

## CIP PROJECT REQUEST: PROJECT DATA AND GOALS 2001

Please provide the following information NO LATER THAN **May 5, 2000** for each construction project.  
**Submit a separate form for each proposed project.**

### A. Project Data

- ☐ Existing Project \_\_\_\_\_ Project Number \_\_\_\_\_ Project Name \_\_\_\_\_
- ☐ New Project \_\_\_\_\_ Project Name \_\_\_\_\_

1. Requesting Agency \_\_\_\_\_
2. Contact \_\_\_\_\_ Telephone \_\_\_\_\_
3. Estimated Capital Cost \_\_\_\_\_, if known

4. Priority \_\_\_\_\_  
 King County's priorities are, in order of importance, 1) life/safety, i.e., a project required to remedy a hazardous or unsafe working condition; 2) mandated, i.e., the work is required to comply with a regulation, law, or judicial order; 3) building efficiency, i.e., the project will reduce building operating costs; and 5) programmatic changes, i.e., the project is necessary to enable a new/revised program to function.

5. Rank \_\_\_\_\_ of \_\_\_\_\_  
 Please rank this project among all the projects you are submitting for consideration in the 2001 budget cycle. This item must be completed for the project request to be processed.

6. Planning details of project:

- Council District: \_\_\_\_\_

7. Original Cost Estimate, if any: Year \_\_\_\_\_ \$ \_\_\_\_\_

### B. Project Description/Scope

**C. Please describe the reason for this request:**

**D. Please describe the goals this project will meet:**

**E. Project Alternatives:**

**F. Have cost estimates been developed? Please indicate the basis for any costs listed:**

**G. Please specify operating expenses by year that are associated with this CIP, beginning with the year this project is completed and/or implemented, as required by K.C.C. 4.04.030.**

- What operating fund will be affected?
- How will increased funding be obtained?
- Are there any additional personnel or special equipment required as a result of implementing this CIP? If so, list position types and numbers, type of special equipment, what space needs the personnel or equipment will have and how this space will be acquired and managed.

\$\_\_\_\_\_ Amount of Annual Operating Costs \_\_\_\_\_ Year costs will begin

Description/method of estimation:

Operating fund affected:

Additional information, such as labor or utility cost/savings, leases, special equipment, etc.: